

2010 Youth Serve Montana Scholarship Governor Brian Schweitzer

Recognizing High School/Home Schooled Seniors
for volunteering in their communities

Scholarship application can be obtained at: [Serve Montana](http://www.serve.mt.gov)

- High School Career Counselor or Principal must submit to the Governor's Office of Community Service, student's application and proof of enrollment to one of Montana's Campus Compact member institutions by **April 15th, 2010**. Visit:
<http://www.mtcompact.org/members.htm#memberinstitutions#memberinstitutions>
- County Superintendent must submit to the Governor's Office of Community Service homeschooled student's application and a copy of enrollment to one of Montana's Campus Compact member institutions by **April 15th, 2010**.
- Student must have completed 100 hours of volunteer service within a 12 month period. 12 months is defined as the period 12 months prior to the date of application
- Jobs for Montana Graduates' Young Adult Service Corps, AmeriCorps hours may not be used for this application's service hours.
- Scholarship funds must be used for 2010 school year.

Following your school's selection: mail or fax selected application to:

Kathy Bean, Governor's Office of Community Service
P.O. Box 200801
Helena, MT 59620
Fax: 406-444-4418
Phone: 406-444-5547
www.serve.mt.gov

2010 Scholarship Form

Please be sure this section is complete and legible. If information is missing or illegible or if the student is not of senior status the form will not be processed. Deadline: April 15, 2010, 5:00pm. Forms will not be processed after this date.

Student Information:

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Student's Email: _____ Home Phone () _____

Birth date: ____/____/____ Social Security Number: ____-____-____
(REQUIRED)

Publicity Release (Optional)

If I am selected to receive a Governor's Community Service Scholarship, the Montana Commission on Community Service may use my name and the name of my school for purposes of news, publicity, and publications.

Student Signature: _____

Parent/Guardian Signature: _____
(if student is not 18 years of age)

Student Service Information:

Approximate number of hours served in the past 12 months: _____ (The past 12 months is defined as the period 12 months prior to the date this form is completed.)

Please list your service experience:

Name of organization or agency where you worked: _____
Contact Name at organization or agency: _____
Phone # and Mailing address: _____

Name of organization or agency where you worked: _____
Contact Name at organization or agency: _____
Phone # and Mailing address: _____

Name of organization or agency where you worked: _____
Contact Name at organization or agency: _____
Phone # and Mailing address: _____

Other:

The primary purpose of this information collection is to determine eligibility and award the scholarships. Providing this information is voluntary. All information contained in the application is available to the Montana Commission on Community Service and organizations contacted to provide technical and administrative support.

HIGH SCHOOL or HOME SCHOOLED INFORMATION:

Please provide the name of your counselor or principal at the school. Please provide an e-mail address. Forms submitted online will receive confirmation of receipt of certification forms.

Full Name of High School:

School Address:

City: _____ State: _____ Zip: _____

Contact Name: _____

School Phone # _____

Certification:

The school principal or head of school must complete this section. No other staff member or any other person may sign on behalf, or in place of, the principal or county superintendent.

Jobs for Montana Graduates', Young Adult Service Corps, AmeriCorps hours may not be used for this application's service hours.

I verify (student's name) _____ has completed at least 100 hours of service to the community, and displays outstanding leadership in service. I certify that the information on this form is accurate and that the process by which the student was selected did not discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation or religion.

Student Name:

Principal's or County Superintendent's signature:

Principal's or County Superintendent's full name:

(Print full name) _____

Date of your school's **Award** ceremony ____/____/10
(To ensure certificate is mailed in time for award ceremony.)

The final postmark for submitting application forms is April 15, 2010, 5:00 pm.

Check list to ensure a complete and valid application.

- Your school or County Superintendent submits a copy of letter of application to a Campus Compact Member Post Secondary Institution to the Governor's Office of Community Service and this application by deadline of April 15, 2010.
- School confirms all fax applications. (You may do this by email or phone)
- Contact information is typed or easily readable.
- Only students of senior status may apply for scholarship.
- Scholarship funds must be used for the 2010 school year.